

Fig. 1

Referrer Medical Institution

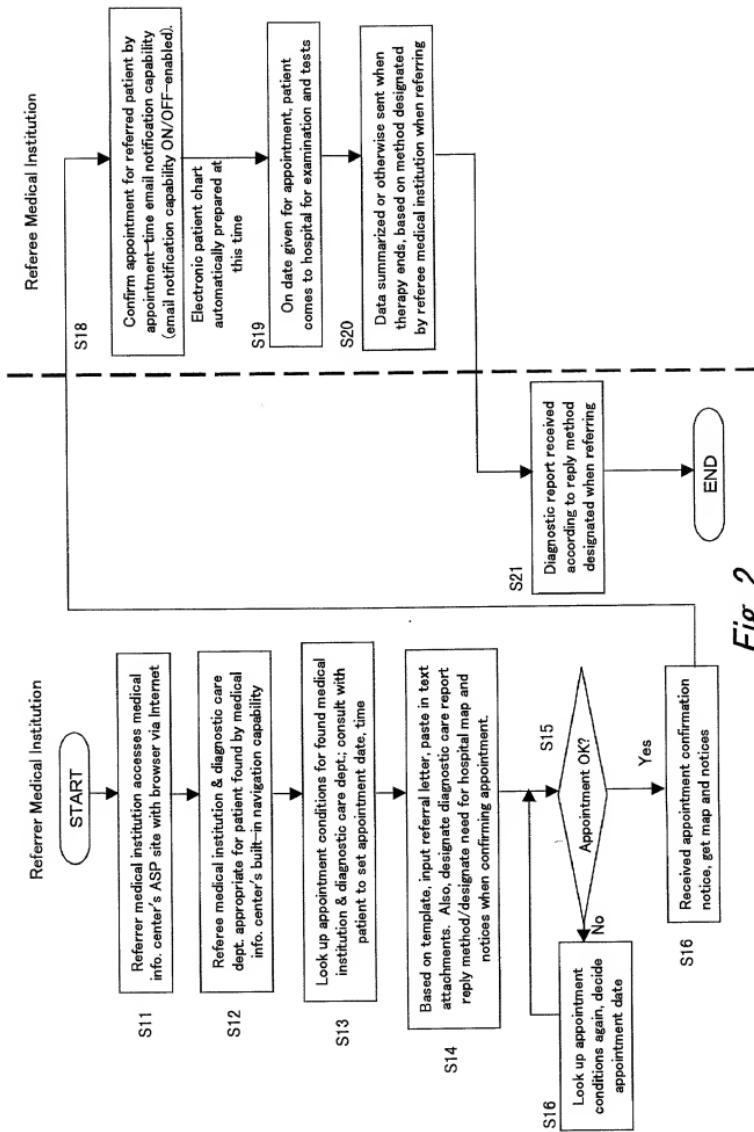


Fig. 2

Hospital Code	
Hospital Name	
Map Code	
Particulars	Address
	Director Name
	TEL
	FAX

Fig. 3

Membership Number	
Password	
Member Name	
Detailed Content	Name of Medical Institution
	Affiliation
	Address
	TEL
	FAX

Fig. 4

Hospital Code
Department Code
Department Name

Fig. 5

Hospital Code
Department Code
Doctor Code
Doctor Name
Referral Determination Comment

Fig. 6

Hospital Code
Map Info.

Fig. 7

Symptom Classification	Primary Classification Code
	Secondary Classification Code
	Tertiary Classification Code
	Hospital Code
	Department Code

Fig. 8

Classification Division	
Symptom Classification	Primary Classification Code
	Secondary Classification Code
	Tertiary Classification Code
Classification Name	

Fig. 9

Hospital Code
Detailed Content of Notices

Fig. 10

Key Info.	Department Code
	Doctor Code
	Date
	Start Time
	End Time
	Patient ID
Appointment Comments	

Fig. 11

	Patient Chart Number
Patient Info.	Patient ID
	Name
	...
Treatment Info.	Observations
	Test Results
	Problems
	...
Data History Info.	Creator
	Date Created
	Edition

Fig. 12

User ID
Password
Title
Text of Message
Attachment Info.
Send Date

Fig. 13

User ID
Password
User Name
Affiliation Info.
...

Fig. 14

Patient ID
Patient Name
Age
Sex
Birthday
Address
TEL
...

Fig. 15

Key Info.	Department Code
	Physician Code
	Date
	Start Time
	End Time
	Patient ID
Appointment Comments	

Fig. 16

Key info.	Department Code
	Doctor Code
	Date
	Start Time
	End Time
	Patient ID
Appointment Comments	

Fig. 17

Comprehensive Medical Info. Service

Membership Number
Password

Fig. 18

Service List

Notification Service

Message Service

Medicine Info. Service

Patient Referral Service

Fig. 19

Hospital Search

Search Method

Keyword

Fig. 20

Search Results

A Hospital	E Department	Dr. Ichiro
B Hospital	F Department	Dr. Jiro
C Hospital	G Department	Dr. Saburo
D Hospital	H Department	Dr. Shiro

Fig. 21

Hospital
Department: Referral Calendar for Dr. Saburo

July

Mon	Tue	Wed	Thu	Fri	Sat
			1	2	3
			X	X	X
5	6	7	8	9	10
X	X	O	O	X	X
11	12	13	14	15	16
X	O	O	O	X	X
17	18	19	20	21	22
O	X	O	O	X	
23	24	25	26	27	28
O	O	O	O	O	X
29	30	31			
O	O	O			

Last Month **Next Month** **Cancel**

Fig. 22

Hospital
Department: Referral Calendar for Dr. Saburo

Appointment Conditions for Tuesday, July 18

9:00～10:00	3/5
10:00～11:00	5/5
11:00～12:00	5/5
12:00～13:00	3/5
13:00～14:00	3/5
14:00～15:00	2/5

Cancel

Fig. 23

Referral Particulars
(Diagnosis, Observations,
etc.)

Attached Files Reference Reference

Hospital map, notices for
confirming appointment Needed not needed

Method to send back
diagnostic report Email mail FAX TEL

Comments

Fig. 24

Appointment Confirmation

Hospital

Department Dr.Saburo

Tuesday, July 18, 1:00 p.m. to 2:00 p.m.

Detailed Content of Referral

We have made an appointment for patient
Mr./Ms.

OK

Fig. 25